

STATE OF NEBRASKA
Department of Health and Human Services
Regulation & Licensure
Credentialing Division
P.O. Box 94986
Lincoln, Nebraska 68509-4986

APPLICATION FOR LICENSURE AS A HEARING AID INSTRUMENT DISPENSER AND FITTER

SECTION A - PERSONAL INFORMATION (All applicants must complete this section)

1	Name:	Last:	First:	Middle/Maiden:
2	Permanent Mailing Address:	Street/PO/Route		
		City	State	Zip
3	Telephone number (optional):	Business Name:		
4	Business Address:	Street/PO/Route		
		City	State	Zip
5	Business Telephone (optional):			
6	Date of Birth:	Age:	Social Security Number:	
(Attach proof of age: i.e., certified copy of birth certificate, notarized copy of driver's license.)				
7	Place of Birth:	City/County/State		
8	MORAL CHARACTER			
Have you ever been convicted of a misdemeanor or felony? (answer yes or no)				
If YES, state what crime, date of conviction, name and location of court:				
**If you answered YES to the above question, you must request the following documents be sent directly this office:				
♦ Official court Record, which includes charges and disposition				
♦ If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)				
♦ If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status				
♦ A letter from you explaining the circumstances surrounding the conviction(s).				
9	Has your license in any health care profession in another state been Disciplined, suspended, limited or disciplined in any manner? (answer yes or no)			
**If you answered YES to the above question, you must request the following documents be sent directly to this office:				
♦ An official copy of the disciplinary action, including charges and disposition.				
10	Have you actively practiced in Nebraska as a Hearing Aid Instrument Dispenser and Fitter prior to licensure? (answer yes or no)			
	**If yes, how many days have you practiced in Nebraska as a Hearing Aid Instrument Dispenser and Fitter prior to licensure?			Number of days
11	Are you licensed or certified in another state? (answer yes or no)			
**If yes, please complete section F of this application				

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$151	\$151	\$151	\$151	\$151	\$151	\$38.50	\$38.50	\$38.50	\$38.50	\$38.50	\$38.50
Odd	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152

**If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

SECTION B – LICENSE APPLICATION CATEGORY (All applicants must complete this section)

SECTION C - EDUCATION: (All applicants must complete this section)

Name of High School			
Location		Street/PO/Route:	
		City:	State: Zip:
Diploma		Year of Graduation	
GED Certificate			
Issued by		Name of School	
Date (M/D/Y)			

PLEASE SUBMIT AN OFFICIAL COPY OF YOUR HIGH SCHOOL DIPLOMA, TRANSCRIPT, OR GED CERTIFICATE

SECTION D - PHOTOGRAPH (All applicants must provide a photograph. The photograph will be used to gain entrance into the State Licensure Examination.)

Attach recent I.D. Photograph 2" x 3" unmounted and signed across front.
Picture must be a frontal view of applicant's head and shoulders.

SECTION E - STATEMENT OF GOOD HEALTH: All applicants must have a physician complete and submit the "Statement of Good Health" to the Credentialing Division. (Attachment A1)

SECTION F – LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION:

If you hold a license to practice as a Hearing Aid Instrument Dispenser and Fitter in another jurisdiction, complete this section and have the licensing agency complete the Certification of Applicant's License as a Hearing Aid Instrument Dispenser and Fitter. (Attachment A2)

1	Name of Agency Issuing License	
	Address	
	Street/PO/Route:	
	City:	State: Zip:
2	Date Issued	
Has action ever been taken to suspend/revoke your license?		
If yes, state date and type of action; name and address of entity taking such action:		
Type of Action		Entity taking action
Date of Action		
Please list any other states that you have been licensed in:		
Type of License	State	License Number

SECTION G – Certification (All applicants must complete this section)
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I, _____ hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Signature of Applicant

Date

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STATEMENT OF GOOD HEALTH HEARING AID INSTRUMENT
DISPENSERS AND FITTERS

To the Department of Health and Human Services, State of Nebraska:

I hereby certify that I have this day examined _____
(Name of applicant)

of _____
(Address)

(City) (State) (Zip Code)

and have found him/her to be free from infectious or contagious disease.

Dated this _____ day of _____, 20 ____.

Name of Medical Doctor (Please Print)

Signature of Medical Doctor

Street Address

City State Zip

CERTIFICATION OF HEARING AID INSTRUMENT DISPENSER AND FITTER'S LICENSE**(Must be completed by licensing agency)**

(Print or Type)

Our records indicate that _____ was licensed as a Hearing Aid
 Instrument Dispenser and Fitter on _____ 20 _____. The license/certificate was issued on the
 basis of written examination. _____

(Name of examination)**Subjects Tested****Written**

1. Access Presenting Problem and Needs
2. Test and Analyze Hearing
3. Prescribe and Analyze Hearing Aid
4. Fit, Adjust and Service Hearing Aid
5. Educate and Maintain Professional Relations

The applicant's score was _____

Practical

Earmold Impression
 Audiometer Operation

The applicant's score was _____

Requirements for licensure in _____ at the time this license
 (Issuing State)
 was issued were _____

and are currently: _____

**(Copies of regulations/requirements for licensure at the time of issuance of
 license and present requirements must be attached as documentation.)**

Based on the records of this department, the applicant's license:

- (a) ☐ is in good standing, and so far as our records are concerned,
the applicant is entitled to endorsement.
- (b) ☐ has been disciplined.

Please explain any disciplinary action:

Licensing Agency: _____

Name and Title: _____

Address: _____

City/State/Zip Code: _____

Signature (NO STAMP): _____

Date: _____

Telephone number: _____
(Optional)

(SEAL)

FORWARD THIS COMPLETED FORM TO: Nebraska Health and Human Services System
Regulation & Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986